



THE CITY OF KEY WEST

Post Office Box 1409 Key West, FL 33041-1409 (305) 809-3883

CHANGE ORDER

CHANGE ORDER NO. _____

CHANGE ORDER DESCRIPTION _____

PROJECT NAME: _____

PROJECT CODE: _____

CONTRACTOR NAME: _____

THE FOLLOWING MODIFICATIONS TO THE CONTRACT ARE HEREBY ORDERED:

(Detail provided on additional page(s). Yes ___ or No ___)

CONTRACT VALUE

CONTRACT TIME (CALENDAR DAYS)

ORIGINAL CONTRACT \$ _____

ORIGINAL CONTRACT _____ DAYS

PREVIOUS CHANGE ORDERS \$ _____

PREVIOUS CHANGE ORDERS _____ DAYS

THIS CHANGE ORDER \$ _____

THIS CHANGE ORDER _____ DAYS

REVISED CONTRACT VALUE \$ _____

REVISED CONTRACT TIME _____ **DAYS**

REVISED CONTRACT COMPLETION DATE: _____

By:
City of Key West

By: _____
Contractor Name

Authorized Signature

Authorized Signature

Printed Name

RR

Printed Name

Title

Title

Date

Date